

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007677

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 34 Primary Registration District No. 4324 Registrar's No. 10-63

FILED MAR 12 1963

VS 300 Rev. 4/59	DATE AMENDED	INSTEAD OF	DOCUMENT
1 0660			
2 0660			
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4 0			
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8 2			
9 331X			
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11			
12 1-2			
13 1-0			

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Tuscumbia		c. CITY OR TOWN Miller Co. RestHome	
Length of stay in lb Hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital		d. STREET ADDRESS (If outside, give location) Tuscumbia Rural Rt.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANK Middle GARDNER Last GARDNER		4. DATE OF DEATH Month March Day 2 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-27-1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 79 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and state or country) Iberia, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Felix Gardner		13b. MOTHER'S MAIDEN NAME Sarah Ellen Humes	
14. NAME OF HUSBAND OR WIFE Margaret Hedges (Div.)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 2901		17. INFORMANT Maxine Lockette N. Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH Minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Arteriosclerosis		Years 0	
DUE TO (c) 0		Years 0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 0 a.m. 0 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Tuscumbia, Missouri		
21. I attended the deceased from 3-2-63 to 3-2-63 and last saw him alive on 3-2-63		Death occurred at 9:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Jane L. Lawrence</i> (Degree or title) Do.		22b. ADDRESS Tuscumbia, Missouri	
22c. DATE SIGNED 3-5-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3/5/1963		23c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	
23d. LOCATION (City, town, or county) Iberia, Missouri		23e. DATE RECD. BY LOCAL REG. March 11, 1963	
24. FUNERAL DIRECTOR Scrivner-Stevinson Iberia, Mo.		26. REGISTRAR'S SIGNATURE <i>Mrs. D. E. Kallenbach</i>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Fay A. Stevenson

Licensed Embalmer No.

5201

P. O. Address

Iberia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.